## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10812502

- 1-																			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OB	OTHE SMALL	R THAN ENTITY							
	TOTAL CLAIN	34	39				RATE	FEE		RATE	FEE								
	FOR	<del></del>	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	Q OR	BASIC FEI	770.00								
	TOTAL CHARG	EABLE CLAIMS	39 n	39 minus 20=		. 19		X\$ 9=	1	OR		342							
	NDEPENDENT	CLAIMS	4.,	<b>4</b> minus 3 =		(		X43=		OR	V00	101							
	MULTIPLE DEPENDENT CLAIM PRESENT							+145=	1			1							
*	* If the difference in column 1 is less than zero, enter "0" in column 2								ļ <u>.</u>	-JOR	L	Ψ							
		•	TOTAL	L	OR	TOTAL	1198												
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL								
AMENDMENT A		CLAIMS ( REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL , FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7 7 7							
	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=								
-	FIRST PRES	ENTATION OF N	IULTIPLE DE	PENDENT	CLAIM		1	+145=		OR	+290=								
	(Column 1) (Column 2) (Column 3)									-	TOTAL ADDIT. FEE	1							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL							
	Total	*	Minus	PAID F		=	-	X\$ 9=	FEE	OR	X\$18=	FEE							
	Independent	* * * * * * * * * * * * * * * * * * * *	Minus	***	-	=	-	X43=_	-	OR	X86=	<del>-</del>							
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.45	-	1	::000 ==								
			*			• • • •	L	+145= TOTAL		OR-	+290= TOTAL								
										OR A	DDIT. FEE								
Ξŀ		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	ST IR SLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
	Total	*	Minus	**		=		X\$ 9=	, , ,	OR	X\$18=								
	Independent	*	Minus	***		=	$\vdash$	X43=		-	X86=	<u> </u>							
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						}		·	OR _									
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."																			
T	he "Highest Numb	per Previously Paid	For* (Total or	Independent)	is the h	ighest number f	ound	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											